

IAP20 RECEIVED 17 NOV 2005

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR THE PREPARATION OF TRANSGENIC PLANTS CHARACTERISED BY GEMINIVIRUS LASTING RESISTANCE
Attorney Docket Number::	2520-1068
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	16
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: MARIO  
Middle Name::  
Family Name:: TAVAZZA  
Name Suffix::  
City of Residence:: ROME  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing C/O ENEA  
Address:: LUNGOTEVERE G.A. THAON DI REVEL, 76  
City of Mailing Address:: ROME  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00196

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: RAFFAELA  
Middle Name::  
Family Name:: TAVAZZA  
Name Suffix::  
City of Residence:: ROME  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing C/O ENEA  
Address:: LUNGOTEVERE G.A. THAON DI REVEL, 76  
City of Mailing Address:: ROME

State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00196

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALESSANDRA  
Middle Name::  
Family Name:: LUCIOLI  
Name Suffix::  
City of Residence:: ROME  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing C/O ENEA  
Address:: LUNGOTEVERE GLA. THAON DI REVEL, 76  
City of Mailing Address:: ROME  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00196

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ANGELA  
Middle Name::  
Family Name:: BRUNETTI  
Name Suffix::  
City of Residence:: ROME  
State or Province of  
Residence::  
Country of Residence:: ITALY  
Street of Mailing C/O ENEA

Address:: LUNGOTEVERE G.A. THAON DI REVEL, 76  
City of Mailing Address:: ROME  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00196

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: ALESSANDRA  
Middle Name::  
Family Name:: BERARDI  
Name Suffix::

City of Residence:: ROME

State or Province of  
Residence::

Country of Residence:: ITALY

Street of Mailing C/O ENEA

Address:: LUNGOTEVERE G.A. THAON DI REVEL, 76

City of Mailing Address:: ROME

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 00196

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: EMANUELA  
Middle Name::  
Family Name:: NORIS  
Name Suffix::

City of Residence:: ROME

State or Province of  
Residence::

Country of Residence:: ITALY  
Street of Mailing C/O COSIGLIO NAZIONALE DELLE RICERCHE  
Address:: P.LE ALDO MORO, 7  
City of Mailing Address:: ROME  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00185

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: ITALY  
Status:: Full Capacity  
Given Name:: GIAN  
Middle Name:: PAOLO  
Family Name:: ACCOTTO  
Name Suffix::

City of Residence:: ROME  
State or Province of  
Residence::

Country of Residence:: ITALY  
Street of Mailing C/O CONSIGLIO NAZIONALE DELLE  
Address:: RICERCHE  
P.LE ALDO MORO, 7

City of Mailing Address:: ROME  
State or Province of Mailing Address::  
Country of Mailing Address:: ITALY  
Postal or Zip Code of Mailing Address:: 00185

#### **Correspondence Information**

Correspondence Customer 00466  
Number::

#### **Representative Information**

Representative Customer	00466
Number::	

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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT2004/000287	5/19/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	RM2003A000242	5/19/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::